SCREENING NOTE OF ACUTE MEDICAL CARE For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.						
(From DD Form 689)	TIME PATIENT ARRIVES	SCREENER LOCATION TIME ENCOUNTER BEGINS	TIME PATIENT LEAVES			
DATE (YYYYMMDD) SCREENE	R LOCATION	CHIEF COMPLAINT	DURATION			
PATIENT RESIDENCE () BARRACKS (() OFF POST) POST HOUSING () TRANSIENT	VITAL SIGNS TEMPERATURE PULSE BP	ALLERGIESRESP			
FIRST VISIT FOR THIS COMPLAIN $(\ \)$ YES $(\ \)$ NO	「() YES () NO IF NO, WAS RE	ETURN SCHEDULED/REQUESTED BY CA	RE PROVIDER?			
ALGORIT		ALGORI ⁷	THM/CODE			
ALGORITHM SUMMARY		ALGORITHM SUMMARY protocols, and patient instructions/precautions)				
PATIENT'S IDENTIFICATION (Use mecha typed or written entries give: Name, SSN, Uni Duty Phone)		FINAL DISPOSITION () I - PHYSICIAN STAT () IV () II - PA STAT ()	/ - SELF CARE PROTOCOL) V - HOSP CLINIC REFERRAL			
		AIDMAN'S SIGNATURE & CODE	AUDITOR'S INITIALS & DATE (YYYYMMDD)			

RECORD OF ACUTE MEDICAL CARE (Entries on this record should be restricted to further evaluation and treatment of complaint(s) screened)						
DATE (YYYYMMDD)	2ND CARE LOCATION	TIME PATIENT ARRIVES	TIME ENCOUNTER BEGINS	S TIME PATIENT LEAVES		
SIGNATURE OF HEA	LTH CARE PROVIDER	SIGNATURE OF MEDICA	L SUPERVISOR	AUDITOR'S INITIALS AND DATE (YYYYMMDD)		
		CDECLAR INCOMPLIA		1		

SPECIAL INSTRUCTIONS

This form will be utilized in lieu of SF 600 (Health Record-Chronological Record of Medical Care) at the BAS level and above when care is initiated by an ADTMC screener. The record of acute, medical care will accompany the patient to the next level of care or remain in the BAS depending on disposition reached. This form will be filed in the HREC when evaluation and audit are completed.

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